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DMA Newsletter

A Publication of Organizational Management

March 1996

THE NEW DMA!

GOVERNMENT DOCUMENTS COLLECTION

FEB 23 1998

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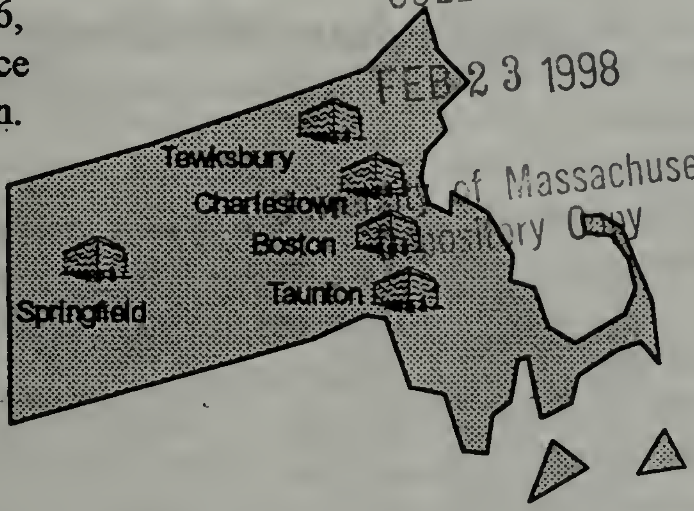

On Wednesday, January 31, 1996, the Division of Medical Assistance completed a major reorganization. The reorganization, known as reconfiguration, was the culmination of a two-year initiative to restructure its eligibility determination enrollment operations.

DMA staff from about 40 Department of Transitional Assistance (DTA) offices and 4 DMA Long Term Care Eligibility Offices (LTCEOs) were consolidated into 4 MassHealth Enrollment Centers (MECs).

Russ Kulp, Assistant Commissioner for Member and Provider Services, pointed out that the project was a united effort:

"Field reconfiguration had a lot of moving parts, and it has happened very smoothly. All of the units were involved, and it is a tribute to this agency to be able to do this."

Sheila Sullivan, Operations Manager, commented about enrollment staff:

"The amount of hard work, hours, nights, and weekends, from all of the offices was incredible, from Directors, to Assistant Directors, to direct line staff. This team work allowed us to successfully consolidate 35 offices into 4 MassHealth Enrollment Centers."

Information Services (IS) provided technical support for the initiative. *Sharon Wright*, Director of Information Services, stated:

"Information Services began building an eligibility system, MA21, two years ago. They also provided infrastructure support, which entailed cabling to the buildings and the desktop, rolling out new data terminals, and a new Centrex telephone system with voice mail for everyone."

(Continued on Page 3)

Letter from the Commissioner

Dear Colleagues:

It is fitting that this issue should concentrate on our new enrollment centers, the staff who will make them successful, and the enrollees, our customers, who will be served by them. As several of the articles remind us, the creation of four MassHealth Enrollment Centers in January was an achievement of which we should all be proud, and about which we cannot say enough.

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DMA Newsletter

News of the Division of Medical Assistance

Executive Office of Health & Human Services

600 Washington Street
Boston, MA 02111

The DMA Newsletter is published quarterly by Organizational Management as a forum for sharing ideas, information, and successes.

Letter from the Commissioner

(Continued from page 1)

The efforts of all of you, and the reactions of key personnel who were instrumental in making the MECs a reality are highlighted in this issue's feature story. Other articles focus on our "cultural competency" (that is, our ability to address cultural differences among our enrollees), a survey of CommonHealth members, and our plans to provide the enrollment centers with state of the art computer systems.

This issue of the DMA Newsletter truly underscores the importance of our new enrollment centers, our MEC staff, and the agency's continuing commitment to meeting the needs of its customers. Our new enrollment centers well help us achieve this most important goal!

Bruce Bullen

Bruce Bullen
Commissioner

THE NEW DMA!

(Continued from page 1)

he also added a special mention to the Technical ıfrastructure Team, headed by *Ann Marie rementozzi*, and to *Paul DiPasquale*.

ynne Benoit, Director of Facilities, has been orking on reconfiguration, with her staff, for the ast year. In fact *Lynne* spent the entire month of anuary at the Tewksbury site, acting as "Clerk of ıe Works," overseeing the final phase of onstruction. During that time, her staff took on xtra responsibilities, and kept everything running moothly at 600 Washington Street.

or the Facilities Unit, reconfiguration meant enovating an entire new site in Tewksbury to ccommodate more than 90 staff, renovating the pringfield and Taunton MassHealth Enrollment enters and reorganizing existing space in the harlestown MassHealth Enrollment Center to commodate additional staff.

n addition, reconfiguration raised several interesting egal issues which occupied Division Attorneys *arbara Wexler, Marc Thibodeau* and *Deborah rexler. Deborah Drexler* described the legal unit's vork as follows:

'First, we grappled with cutting-edge questions ıbout handicapped accessibility at the new ewksbury facility.

We also worked closely with other units (and articularly with George Washington Jr., Director f Affirmative Action) to accommodate several mployees whose disabilities prevented them from elocating to one of our new offices.

And, with the Labor Relations Team, we successfully negotiated with Local 509 to establish a labor/management workgroup that will evaluate our new "team system" of workload distribution."

Bert Lourenço, Director of Organizational Management, described reconfiguration from a Human Resources perspective as:

"the most complex and most exciting project that I have ever been involved in. This project required a tremendous effort in coordinating a very wide range of activities.

We negotiated two far reaching agreements with the unions, consolidated nearly 300 staff into four offices, secured accommodations for our most serious hardship employees, recruited and hired a new clerical team for Tewksbury, organized informational sessions throughout the state, and provided countless hours of training for all staff.

Organizational Management staff spent long hours ensuring that all the many human resource components of the project were handled timely and with accuracy."

Bert added:

"Throughout the entire project, I was very impressed with the vision for the future of the agency. DMA is clearly taking a leadership position in improving the quality and efficiency of the services we provide to our customers. I believe the new office structure and team approach will prove a success if we continue to all work together as we have thus far."

Mandy Sweeney, Director of External Eligibility Services, commented on the new outreach activities:

"Eligibility staff should be congratulated on implementing outreach activities in 50 hospitals and community health centers. Very soon, outreach staff will be visiting up to 100 provider sites. They provide a unique and important service to prospective members and providers."

(Continued on page 4)

THE NEW DMA!

(Continued from page 3)

Since the opening of the Enrollment Centers, the Directors of each office have had these comments and observations:

☼ *Mary "Paddie" Hunt*, Director, Tewksbury:

"The one thing the managers noticed on opening day was how workers came from 12-15 offices with positive attitudes and professionalism. Staff need to be complimented for that."

☼ *George Hollywood*, Director, Springfield:

"The process of reconfiguration has proven to be difficult and stressful for all concerned. Although the months ahead are likely to be no less demanding, I am convinced that we are headed in the right direction and will become a better agency. I am especially encouraged by the resilience, professionalism, and cooperative attitude shown by my staff."

☼ *Duncan McEachern*, Director, Taunton:

"Reconfiguration is here and we are busier than ever and we are approaching this as a challenge and an opportunity to work together as a team to improve service delivery to our customers."

☼ *Dan Shea*, Acting Director, Charlestown:

"I am excited about reconfiguration because it gives us the opportunity to use the wealth of experience we all have to develop the most effective systems to service our customers."

As a final note, *Russ Kulp* views the new Enrollment Centers as an environment in which:

" a professional eligibility worker is able to utilize the latest technology and modern techniques to ensure that quality health care is delivered to our customers."

TEWKSBURY MEC OPENS

When the Tewksbury MassHealth Enrollment Center (MEC) opened its doors on Wednesday, January 31, 1996, the opening represented, in the words of *Russ Kulp*, a "milestone" in reconfiguration.

The Tewksbury MEC is located on the campus of Tewksbury State Hospital. The office has undergone extensive renovations, resulting in modern office space, and state of the art technology. The campus itself houses many other state offices.

John Stockman, writing for the *509 News* describes the building:

"Recognizing the building's hundred year history, much of the original woodwork, banisters and fireplaces have been left intact. They lend a soothing atmosphere to what might otherwise be a conventional worksite."

The hospital is located in a semi rural setting. "People walk the grounds on lunch hours" observed *Mary "Paddie" Hunt*, Director of the MEC, and there are plans to place picnic tables near the building during the summer.

An independent transportation company has been transporting workers between the Tewksbury office and the Sullivan Square MBTA station, and *Paddie Hunt* states that "the shuttle is working well". *Paddie* also notes:

"The staff are to be complimented on how well they settled in. They are willing, along with management, to initiate trying a new way of doing business to better serve our customers. Tewksbury is DMA's newest office and along with bringing in very seasoned staff members, we have hired 15 new clerical staff. They are a great group."

DMA WELCOMES NEW MEDICAL DIRECTOR

r. *Annette Hanson* has joined the Executive Staff s the new Medical Director for DMA.

r. *Hanson* was previously the Deputy ommissioner for Clinical and Professional Services or the Department of Mental Health where she orked for four years. Before that, she was the edical Director at Fuller Memorial Hospital and irector of Hospital Services for the Department of sychiatry at New England Medical Center Hospital.

hen asked to comment about her new position ith DMA, *Dr. Hanson* stated:

‘I’ve been in the health care industry in this state or 20 years, and being in Medicaid at this time, is he most exciting place to be in this state as well as n the entire country.”

Dr. Hanson also has faculty appointments at Harvard Medical School, University of Massachusetts Medical School, and Northeastern University. She is a Senior Associate with the Levinson Institute.

Dr. Hanson received her MD from the University of Minnesota. In addition, she is also a member of the American Medical Association, The American Psychiatric Association, the Massachusetts Medical Society, and the Boston Psychoanalytic Society and Institute.

NEW DEPUTY COMMISSIONER JOINS DMA

Later this month, *Mark Reynolds* joins the Division of Medical Assistance as the new Deputy Commissioner.

He comes to this agency from the Executive Office of Health & Human Services where he served as Budget Director from 1993 to present.

The new Deputy Commissioner has an extensive background in managing and monitoring revenues for state and health care agencies, developing financial details and strategies on specific policy issues, and in providing analysis of health care policy issues and legislation. He is also a Ph.D. candidate at MIT.

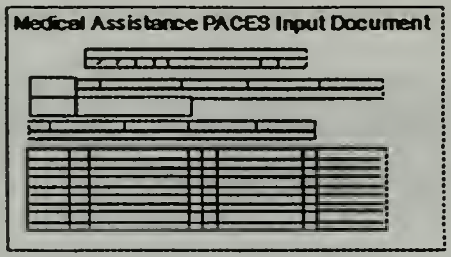
THE NEW DIRECTOR OF EXTERNAL AFFAIRS IS...

Sharon Gillis has replaced *David Ball* as the new Director of External Affairs. *David Ball* left DMA to accept the position of Director of Communications with the Executive Office of Health and Human Services (EOHHS).

Sharon will be responsible for all media inquiries, legislative affairs, Board of Hearings, and other public inquiries.

WHAT IS CULTURAL COMPETENCY?

If you're an Eligibility worker, do you ever wonder what happens to those *race* and *language* codes that you enter on the Input Documents?


Medical Assistance PACES Input Document

The **Cultural Competency Workgroup**, co-chaired by *Jeremiah Cole*, of the Insurance Reimbursement Program, and *Janet Pearlman*, of the Mental Health & Substance Abuse Program, has completed a year long study, using the information from those codes.

Why did DMA conduct the study? *Pete Rogers*, Director of Customer Research, Policy & Communication, explains:

"The workgroup studied cultural competence in health care delivery and made recommendations about how the Division can overcome the barriers to care that result from a recipient's language, race and culture."

What is Cultural Competency? According to the Cultural Competency Workgroup Recommendations, (a report published by the group) it is:

"The knowledge and interpersonal skills that allow individuals to understand, appreciate, and work with people from cultures (racial, ethnic and linguistic groups) other than their own."

Pete states that one of his key roles is to listen to our customers:

"We know there are numerous barriers to care, and we're learning more about our customers so we can design interventions. Language and culture are two of the largest barriers, and it is exciting that the Division's new cultural competency initiative is addressing them in such a comprehensive way."

In fact, he has developed a work plan to implement the recommendations of the workgroup. One key recommendation is that:

- Each managed care customer who speaks a language other than English (20% of our customers) shall have a choice of at least two primary care providers, reasonably near the customer's home, who offer *linguistically appropriate services* to the customer.

Some of the other recommendations will require:

- Extensive provider and administrative staff training in cultural awareness.
- Assessment efforts to measure providers' capability to provide language and culture-appropriate care.
- Materials translation.
- Foreign language customer satisfaction surveys and reporting requirements.

And if you are a MassHealth Enrollment worker, DMA will continue to rely on you to accurately collect the data for this initiative.

Pete adds one final note:

"Your accuracy in collecting language and cultural data will be critical to successfully accomplishing our goals of providing more culturally and linguistically competent care to our customers."

RESULTS OF THE COMMONHEALTH SURVEY

f you are working with customers in the CommonHealth program, you will be interested to earn that *Charles Cook*, Director of the CommonHealth Benefit Plan Unit has completed an extensive customer satisfaction survey of CommonHealth enrollees. *Charles* describes the survey as:

"A good example of what the Division is trying to do to get in touch with customers."

Here are some of the actual excerpts from the survey responses:

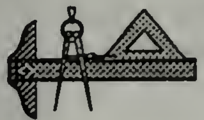
"The CommonHealth program gives me the freedom and flexibility to work . . . despite my significant disability."

"A great program for handicapped working people like myself. Keep it going!"

"I think you could let more people know this program exists."

The most frequent recommendation for improving the program was the suggestion to design a benefit plan brochure. Therefore, plans to develop an informational brochure are underway.

DMA WILL UNDERGO MAJOR RENOVATIONS



Beginning in June 1996 DMA will undergo major renovations to its space at 600 Washington Street. A new lease will go into effect on July 1st which will provide 77,000 square feet of space for DMA including the entire 5th floor, half of the 6th floor, the first floor lobby office space, and some basement storage space. *Lynne Benoit*, Director of Facilities, will be coordinating this project.

All renovations which will begin in June and last throughout the summer will entail demolition, rebuilding new offices, updating all cables for telephones and computers, painting, and new carpeting. We will be building new offices and modular cubicles and will also reconfigure most of the existing modular stations to better fit our needs. In our new space plan there will be additional conference rooms available and a DMA training center which will have dedicated space for computer training.

We will make every effort to complete the renovations with as little disruption to staff as possible, although all employees will be affected somewhat. Our plan is to have empty space renovated and occupied first, thereby freeing up existing DMA space which can be used for staging areas. We will develop a schedule for phasing in the renovations such that each unit will need to be displaced for only a short period of time while their current space is being renovated. We will also schedule as much of the work at night as possible to limit disruption.

The Facilities Unit is now in the process of finalizing the space plan for central office working closely with Executive Staff. Although the summer at 600 Washington Street may be a little chaotic, the end result should be a more spacious, pleasant, and professional work environment for DMA.

Information Services

IS Announces Plans for a New PC Network

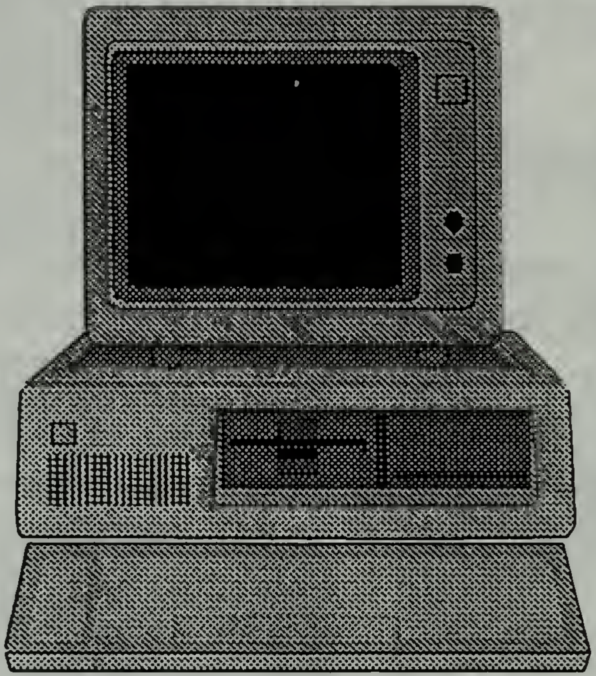
Ann Marie Trementozzi,
Director of Technical Infrastructure

Plans for a new PC network are underway for the Division of Medical Assistance.

This new network will take Central Office from our current VAX/Pathworks environment to a more sophisticated and powerful ALPHA/Windows NT environment. This new network will include infrastructure hardware, operating system, and application software. This will provide DMA with a network capable of supporting your current needs as well as position DMA to grow and take advantage of new technologies.

We will provide this same technology to the MassHealth Enrollment Centers which currently have no PC networking capabilities.

When we have installed the new DMA network, you will have the ability to electronically communicate among the four Enrollment Centers and Central Office.



Some of the improvements you will see are:

- Faster processing time: Any request you make will be completed faster, such as opening an application or a file.
- Faster printing: A print request will be completed faster.
- Better data security: More sophisticated password system to protect unauthorized access to confidential data. Also, the new network will reduce the possibility of losing data and provide easier restoration of data if it is lost.
- Remote support: Support staff can troubleshoot problems and maintain the network from IS's central location.
- Windows based electronic mail: A feature rich electronic mail system.

We look forward to working with you during this project.

◆◆◆

Notes From Systems Support

The DMA Systems Support area has been on-line since November. Our staff includes *Armand Morin*, *Betsy Gahan*, *Max Duchard*, *Stephanie Hammonds*, *Ted Portis* and *Frank DiCostanzo*.

We are a mix of folks with computer systems and software background who provide phone support to all of DMA on computer hardware, software, communications and security-related issues.

A major focus for us will be our support of the new MA21 Project. Our new 800 number **(800-379-9323)** consolidates previous numbers and allows all in-house and field staff a single reference point.

By establishing this single 800 line, we are able to assist you in the most efficient manner as well as track and identify systematic patterns and problems.

MA Sponsors moking Cessation eminar

n Thursday, February 1, 1996, MA conducted a smoking essation seminar for DMA nployees at 600 Washington treet, Boston.

he seminar was the result of joint lanning by *Yvonne Wade*, egistration Coordinator for MA, and *Joanna Ziegler*, ISSA, Employee Assistance rogram.

en employees attended the ession, which was conducted by *oanna Ziegler*. Describing the ession, *Yvonne Wade* stated:

Most people who attended were t the contemplation stage. Vhether or not they make that hange is up to the individual."

(The contemplation stage is part f a model of change - see article hat follows.)

oanna Ziegler concluded the ession by encouraging the articipants to contact her if they vould like a follow up session.

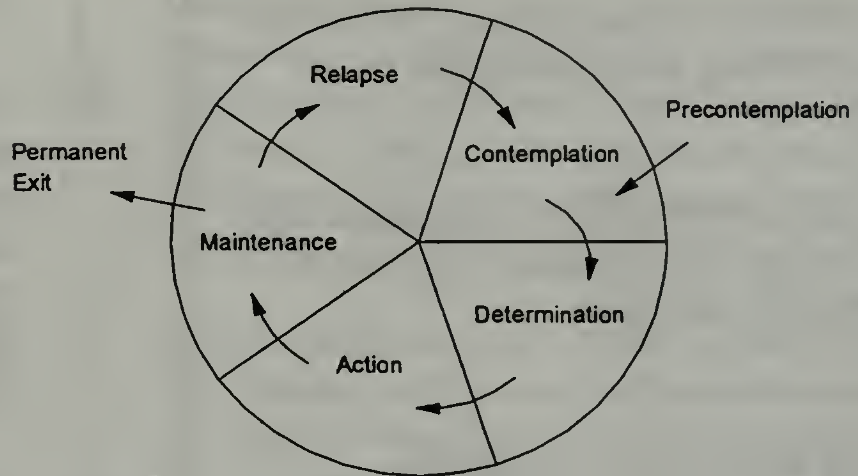
f you would like assistance in getting tarted in a change in your life, or for ny other assistance you might need, lease call your **Employee Assistance rogram** at (617) 573-0810 or (800) 45-9343. **REMEMBER**: Any ontact you make with EAP is ompletely confidential. No formation-either that you called or vhy you called-ever goes back to your mployer.

Health Watch

Are You Trying To Change A Pattern or Habit?

Joanna Ziegler, MSSA, Employee Assistance Program

STAGES OF CHANGE



The following are explanations of the stages and some corresponding tasks:

Precontemplation: Not considering possibility of change - no or very little awareness of problem

Need: Education and Awareness Building.

Contemplation: Ambivalence—both considers change and rejects it.

Need: Continue discussion until balance is tipped. Warning: prescriptive advice in this stage is usually counterproductive.

Determination: "Window of Opportunity" - If "Action," the change process continues: if not, slips back into "Contemplation."

Need: Find change strategy that is acceptable and accessible. Set up plan.

Action: Engages in action to bring about the change. Implement plan.

Need: Depends on personality and time. Goal is to produce change. Realize this is just initial step.

Maintenance: Sustain the change accomplished by previous action; prevent relapse.

Need: Different set of skills and strategies. Support system.

Relapse: Good intentions; initial changes are sometimes followed by minor ("slips") or major ("relapses") steps backward.

Need: Encouragement to start around the wheel again; avoid getting stuck here. Remember slips and relapses are normal when changing long-term patterns.

Training

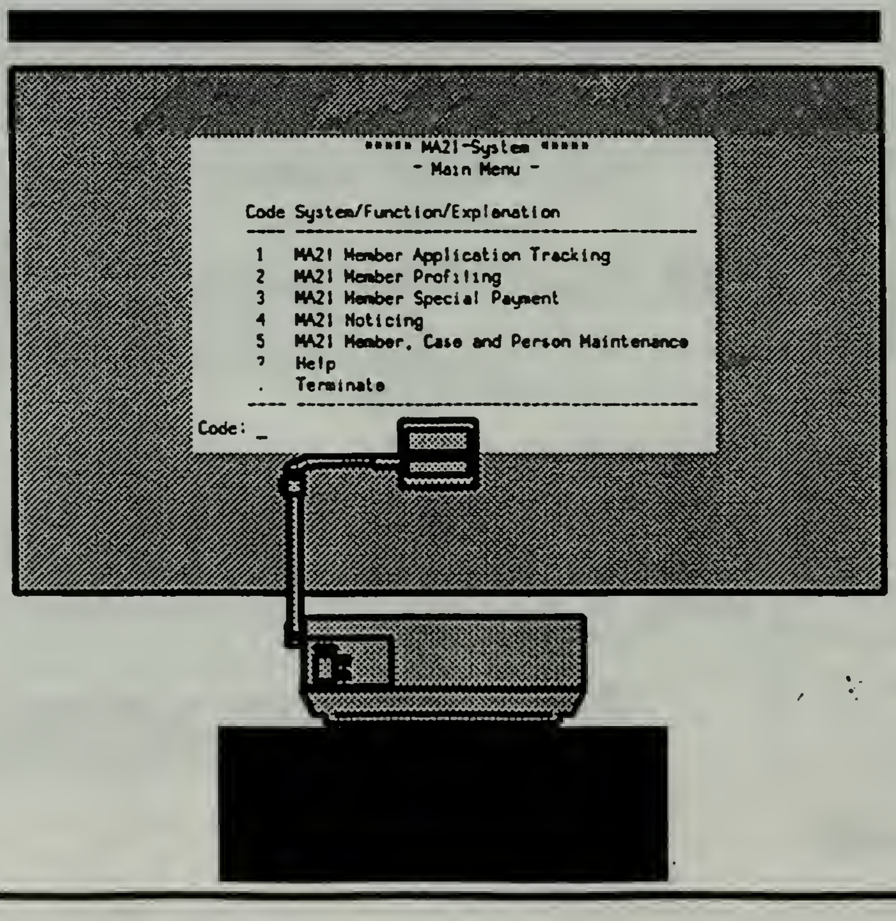
What's New in Training?

Perhaps, in the past, you've been able to take advantage of courses that the Training Unit offers.

If you have, you know that the Training Unit offers a wide variety of training to all DMA staff on an ongoing basis.

Here are some of the current training programs and courses in session and also programs and courses that will be offered to you soon:

- Training for **MA21**, the new eligibility Application Tracking System, has begun and is in the pilot phase. Statewide training will begin in May for most of the Enrollment Center Staff. If you are an Enrollment Worker, or Team Manager, you will receive 6 or 8 days of training.
- Currently, the Training Unit is conducting courses through the **Winter Staff Development Catalog**.
- This month, you will receive a new **Spring Staff Development Training Catalog**, which will include basic courses in Professional Support Staff Development, Negotiations, and Time Management, and advanced courses in Project Management, Data Analysis, and Writing Skills.
- **Data Entry** training has recently been completed for all Enrollment Staff and a two-day **Team Building** course is presently being conducted.
- This month, a one day session will be offered for those of you in the Enrollment Centers who have recently been assigned either **Long Term Care** or **Community** responsibilities.



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      2   MA21 Member Profiling
      3   MA21 Member Special Payment
      4   MA21 Noticing
      5   MA21 Member, Case and Person Maintenance
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      .   Terminate
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More DMA News...

9th Annual Martin Luther King Luncheon Held at the Great Hall

r the ninth year, the **Martin Luther King emorial Day Luncheon** was organized by *rbara Howard*, of the Recoveries Unit, and held the Great Hall of the State House on Friday, nuary 12, 1996.

rbara started the luncheon nine years ago as a it event. Each year, the number of people who end the luncheon has grown. This year, 107 ople - from offices in Charlestown, Brockton, ove Hall, Roxbury Crossing, Central Office and assachusetts Commission Against Discrimination ICAD) - came to celebrate the life of Dr. Martin ther King.

rbara began the luncheon because she believes in at Martin Luther King believed in, and in her ords:

s long as we keep trying to get along with each her there's hope for us."

he also adds:

he luncheon is a time to remember what this eat man was fighting for, to think about how far all have come since his death, and to derstand what we can do to keep his dream ive while continuing to strive towards making s dream a reality."

is year's keynote speaker was *Michael Duffy*, airman of the Massachusetts Commission Against iscrimination.

e guest speaker was *Steve Kadish*, Assistant cretary of Management and Operations for Administration and Finance. The Mistress of Ceremony was *Patricia Whitlow*. Presentations were also given by *Donald Smith, Maria Donahue, Deprieshia Speller, Ellen Munoz, Regina Alston, Desdemonia Alexander, James Owens* and *Helen Nunnally*.

Barbara would also like to give a special thanks to the following individuals who have contributed to the success of the Martin Luther King Luncheon over the past nine years:

Lynda Lockhart, Marsha Daise, Lenora Mobley, Annette Griffin, Steve Kadish, Shirley Ragland, Viola Battey, Janice Horner, Patricia Cotter, Patricia Fields, Patricia Whitlow, Julliet Howard, Bessie Robinson, Kim Johnson, Jackie Durant, Kristin Gay, Charles Roane, Maria Donahue, State Representative Gloria Fox, State Representative Mel King, Michael Duffy, Reverend Glenford Prospere, Renee Washington, Helen Nunnally, and everyone that participated in this year's program.

Barbara would also like to extend a special thanks to all of the attendees, and to Louise Povall and Kathy Johnson for participating in and contributing to the growth of the luncheon. *Barbara* would like everyone to know:

"The luncheon is open to anyone who would like to participate. Everyone that comes to the luncheon comes to the luncheon because they want to come - they believe in what Martin Luther King believed in."

Barbara usually begins working on the luncheon in October of each year.

More DMA News...

DMA Welcomes...

Denise Adams (Benefit Coordination & Recoveries)
Regina Alston (Organizational Management)
Sabine Barlatier (Tewksbury MEC)
Sarah Barth (Benefit Coordination & Recoveries)
Dolores Calaf (Customer Research, Policy & Communications)
Charlene Cestroni (Budget)
Clinio Costa (Tewksbury MEC)
Hyacinth Dennis (Tewksbury MEC)
Lorraine DiMauro (Board of Hearings)
Barbara Farrell (Tewksbury MEC)
Edna Figueroa (Tewksbury MEC)
Lisa Gardner (Administration)
Janet Garill (Benefit Coordination & Recoveries)
Maryann Georges-Speechley (Tewksbury MEC)
Sharon Gillis (External Affairs)
Deborah Golen (Tewksbury MEC)
Cathy Grantz (Tewksbury MEC)
David Guterman (MC Program Development)
M. Annette Hanson (Clinical Affairs)
Michael Healy (Tewksbury MEC)
Lavinia Hutchinson (HMO Plan)
Jody Jordan (Finance)
Thomas Kurtenbach (Information Services)
Phyllis Li (Primary Care Clinician Plan)
John McIntyre (Tewksbury MEC)
Jessica Miller (Insurance Reimbursement Program)
Kimberly Murphy (Tewksbury MEC)
David Phillips (Benefit Coordination & Recoveries)
Katie Phothisene (Tewksbury MEC)
Marjorie Porell (Information Services)
Lem Roberson (MHSA Plan)
Pete Rogers (Customer Research, Policy & Communications)

DMA Welcomes...

Milagros Rosado (Tewksbury MEC)
Catherine Rose (Organizational Management)
Amrita Sastry (Tewksbury MEC)
Alice Sullivan (Tewksbury MEC)
Andrew Tieman (Budget)
Gail Torla (Tewksbury MEC)
Maxine Whitaker (Tewksbury MEC)
Donald Winkelmes Jr. (Benefit Coordination & Recoveries)
Patricia Young (Tewksbury MEC)

DMA Bids Farewell To...

Charlotte Miranda, of the Prior Approval Unit, who retired in December 1995.

Congratulations To...

Leslie Fox, of the Policy Support Unit, on the birth of her grandaughter, Leah Rose Kaplan, who was born on February 11, 1996.

Connie Aliberti, of Organizational Management, and her husband Tony, on the birth of their daughter, Elizabeth, who was born on November 15, 1995.

* * *

PLEASE TAKE A MOMENT . . .

you have ideas on how we could improve the newsletter, or if you have suggestions on features that you ould like us to consider adding to the Newsletter, please take a moment to complete the following survey and ither send it to Laura Albano or Lee Fitzgerald, DMA, 5th floor, 600 Washington Street, Boston, MA 02111 or x it to the attention of Laura Albano or Lee Fitzgerald at (617) 348-5460.

How do you think we can improve the newsletter?

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Name: ______________________________

Office/Unit: ________________ Phone Number ____________

The DMA Newsletter

Editors:
Laura Albano (617) 348-5643
Lee Fitzgerald (617) 348-5902

The DMA Newsletter is published quarterly by Organizational Management.

Let us know your good news for inclusion in the next issue. Your comments and suggestions are valued. Please send your newsworthy items to the editors at 600 Washington Street, Boston, MA 02111, or fax your news to our attention at:

(617) 348-5460.

If you are interested in writing an article for the newsletter, please contact us.

Please be sure to include your name, office/unit, and telephone number for all correspondence.

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DMA Newsletter

A Publication of Organizational Management

September 1996

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DMA Newsletter
Division of Medical Assistance

Executive Office of Health and
Human Services

600 Washington Street
Boston, MA 02111

Bruce Bullen
Commissioner

The DMA Newsletter is published quarterly by Organizational Management as a forum for sharing ideas, information, and successes.

GOVERNMENT DOCUMENTS
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Legislature Approves New Health Access Law

New legislation, passed in July 1996, will expand MassHealth to include several new programs for certain low income populations of adults and children.

The new law is the result of many years of hard work, and gives DMA the responsibility of administering new programs to "expansion beneficiaries." The new programs may include expansion of:

- ✓ Medicaid eligibility for adults and children with incomes below 133% of the federal poverty level (FPL).
- ✓ Medicaid eligibility for children under the age of 13 with incomes up to 200% FPL.
- ✓ Benefits for certain "long-term" unemployed adults not categorically eligible for Medicaid with incomes below 133% FPL.
- ✓ The Children's Medical Security Plan to children under 18.

Several of these components are consistent with the section 1115 Medicaid Research and Demonstration Waiver approved by the federal Department of Health and Human Services in April 1995.

(continued on page 3)

Letter from the Commissioner

Perhaps we should have called this issue of the DMA Newsletter the "Innovations" edition. I, for one, take special pride in the many "state-of-the-art" advances featured here.

The PCC Program has initiated a sophisticated provider profiling system for primary care clinicians. Report cards comparing the performance of our contracted HMOs will soon be available to MassHealth enrollees. A unique, prepaid mental health and substance abuse program began on July 1, serving not only PCC Plan members but also the uninsured priority clients of the Department of Mental Health. The award-winning Massachusetts Insurance Connection program, which allows persons with AIDS whether they are Medicaid recipients or not to continue with their own health insurance, is featured. Improvements in our office automation system through the ALPHA-NT migration project are underway.

These are creative projects designed and implemented by the staff of DMA. For sheer productivity and ingenuity I believe our staff is the equal of any staff anywhere, public or private.

Several personal achievements also need to be acknowledged. Congratulations to Josiah Emuoyibo, our Carballo award winner for 1996. Liz Greene has been elevated to an executive staff role and will be in charge of delivery systems. Russ Kulp is heading a new member services unit. Even the Commissioner has assumed new responsibilities as Chair of the National Association of State Medicaid Directors.

As always, I appreciate your hard work and look forward to another productive year.

Bruce Bulle

Bruce Bullen
Commissioner

(continued from page 1)

Also, a five-year pilot pharmacy program for elders will provide low-income senior citizens a maximum $500 annual subsidy to help purchase prescription drugs and insulin.

DMA estimates that approximately 53,000 seniors with incomes between 100% and 133% FPL will be covered.

A new Children's and Seniors' Health Care Assistance Fund will be financed by federal financial participation, state appropriations, drug rebate revenue, interest earned on the fund, and revenue generated from a new tax on tobacco products due to be implemented on October 1, 1996.

The Department of Public Health and Department of Revenue estimate the tobacco tax will generate about $80 to $90 million in the first twelve months of implementation, with a subsequent decline in revenues due to an increase in the price of cigarettes and cigars.

A special commission, chaired by members of the Senate and House of Representatives and the Secretary of Administration and Finance has been established to achieve a "long term solution to the overall problem of fair and equitable allocation of the burden of uncompensated care and free care."

The commission will develop a plan for "authorization for the Division of Medical Assistance to implement a program of employer tax credits and employee subsidies to encourage the purchase of group health insurance."

The details of the act are currently being reviewed and work groups are being initiated for program changes.

DMA Develops FY 1997 Improvement Goals

After a lengthy planning process, which was directed by Deputy Commissioner *Mark Reynolds,* we now have a set of customer focused improvement goals, which will affect the lives of those who depend on our programs.

Representatives from all units participated in the development of the goals.

Commissioner Bullen describes the goals: " Our improvement goals are by definition not the responsibility of individual divisions or employees but are the focus of our joint efforts to make DMA a better agency. To reach them we will need teamwork, cooperation, and the sharing of responsibility.

We should be proud that the first five goals will have immediate impact on the well being of our customers. Health status, education, enrollment, the needs of chronic mental health consumers, and the special cultural or linguistic needs of plan members are targeted. Improvements in these areas would make clear that our benefit plans are meeting real needs.

The remaining three goals, creating an optimal DMA work environment, developing a plan to serve dual eligibles, and preparing to implement the new Health Access Law, will have dramatic long-term impact for us and for our customers."

(continued on page 4)

DMA FY 1997 Improvement Goals

1. Improve member health status and well being

- ASSURE AT LEAST 85% OF CHILDREN RECEIVE WELL CHILD SERVICES CONSISTENT WITH NATIONAL STANDARDS FOR COMPREHENSIVE PHYSICAL EXAMS, IMMUNIZATIONS, AND ANTICIPATORY GUIDANCE
- DECREASE INAPPROPRIATE LONG TERM NURSING FACILITY PLACEMENTS BY 25%
- DECREASE HOSPITAL ADMISSIONS RESULTING FROM PNEUMONIA FOR MEMBERS RESIDING IN NURSING FACILITIES
- DECREASE ACUTE HOSPITAL ADMISSIONS AND EMERGENCY DEPARTMENT UTILIZATION FOR PRIMARY CARE CLINICIAN PLAN (PCCP) MEMBERS WITH ASTHMA
- DECREASE NON-EMERGENCY CARE PROVIDED TO MEMBERS IN EMERGENCY ROOMS
- INCREASE BY 10% THE NUMBER OF DAYS THAT MENTAL/HEALTH SUBSTANCE ABUSE PLAN (MH/SAP) CASE MANAGED MEMBERS ARE IN THE COMMUNITY
- ENSURE THAT THE RATE OF MH/SAP INPATIENT MENTAL HEALTH READMISSIONS WITHIN SEVEN DAYS OF DISCHARGE SHALL NOT EXCEED 5%

2. Improve DMA's ability to provide services to members with special cultural and linguistic needs

- ACCURATELY IDENTIFY THE LINGUISTIC, RACIAL AND/OR ETHNIC COMPOSITION OF OUR MEMBERS AND MEASURE OUR PRIMARY CARE PROVIDERS' CAPACITY TO FURNISH LINGUISTICALLY-APPROPRIATE AND CULTURALLY-SENSITIVE SERVICES AND MATERIALS
- ESTABLISH AN ON-GOING REGISTRY WHICH INCLUDES THE ETHNICITY AND LINGUISTIC CHARACTERISTICS OF CURRENT MEMBERS AND PRIMARY AND SPECIALTY CARE PROVIDERS

3. Improve member understanding OF HOW TO OBTAIN MANAGED CARE SERVICES, INCLUDING EMERGENCY CARE, WELL CARE, AND SPECIALIST REFERRAL SERVICES

4. Meet the needs of the Department of Mental Health and its consumers, AS DEFINED IN THE DMA-DMH MENTAL HEALTH/SUBSTANCE ABUSE AGREEMENT

5. Improve the efficiency and customer service focus of the enrollment process BY INTEGRATING ITS DESIGN WITH THE NEW ELIGIBILITY SYSTEM AND MODIFYING THE WORK FLOW OF MASSHEALTH ENROLLMENT CENTERS

6. Create a rewarding and productive work environment

- DEVELOP A COMMON SET OF WORKPLACE PRINCIPLES
- TRAIN STAFF TO ENHANCE MANAGEMENT SKILLS AND TECHNICAL COMPETENCE
- IMPLEMENT NEW BENEFIT PLAN REPORTS, VOICE COMMUNICATIONS, AND DESKTOP COMPUTING SYSTEMS

7. Develop a proposal to integrate financing and delivery of Medicaid and Medicare services BY APPLYING FOR FEDERAL AND STATE AUTHORITY TO IMPLEMENT A VOLUNTARY PROGRAM OF BETTER HEALTH CARE QUALITY, ACCESS, AND COST EFFECTIVENESS FOR MEMBERS ELIGIBLE FOR BOTH PROGRAMS

8. Plan and initiate phased-in implementation of the Health Care Access Act IN ORDER TO EXPAND HEALTH SERVICES TO UNINSURED POPULATIONS

Commissioner Bullen Honored

In May of this year, Commissioner *Bruce Bullen* was elected Chair of the National Association of State Medicaid Directors. He was voted Chair by his peers—all of the state Medicaid directors. The Commissioner will work with the Federal government and Congress on Medicaid issues and will participate in ongoing health/Medicaid reform initiatives and debates. In addition, he will continue to run the Massachusetts Medicaid Program.

* * *

Elizabeth Greene Appointed to Head New Delivery Systems Unit

Delivery Systems, a new unit, has been formed to support the Agency's Benefit Plan structure and the FY97 Improvement Goals.

Elizabeth (Liz) Greene, the new Assistant Commissioner of Delivery Systems, has been working in state service since 1970. She began working for the Commonwealth as a bilingual social worker in Cambridge.

Liz came to Medicaid in 1990, and worked with Provider Enrollment, Acute Hospitals, and Benefit Services prior to assuming this new role.

Liz is being ably assisted in the management of this unit by Ellie Shea-Delaney, Millie Emanuel, Elizabeth Pressman, Linda Rand, and Rachel Richards. Together they will focus on increasing provider/benefit services support to the Benefit Plans and improved integration of activities in the areas of payment and regulatory policy, claims operations and utilization management.

Josiah Emuoyibo Receives Carballo Award for Excellence in Public Service

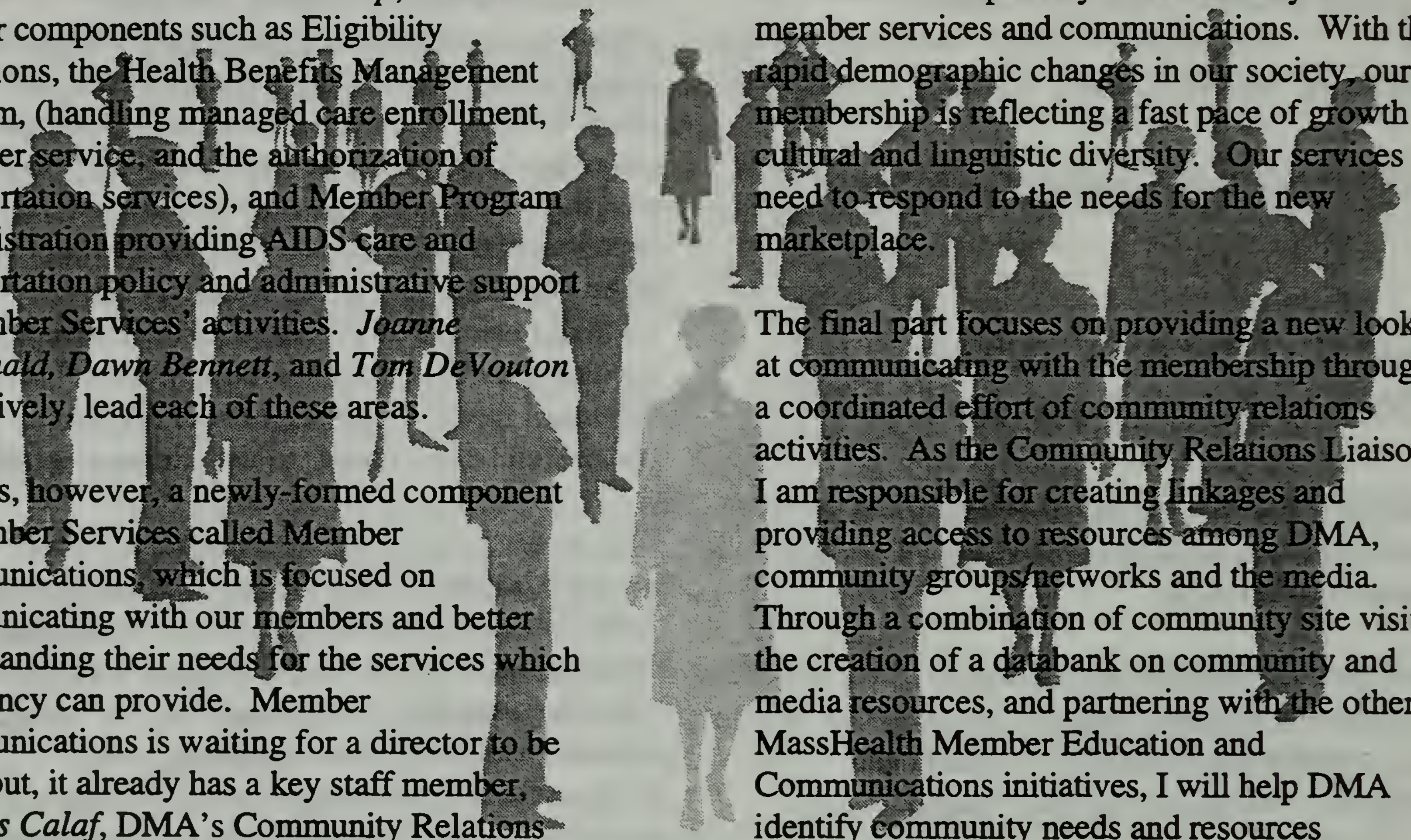
Josiah Emuoyibo has been Director of Accounting for DMA since April 1994. Since that time, he has staffed and developed the accounting unit, worked with systems to develop internal reporting and updating systems and created an Accounts Receivable Unit. These initiatives have saved the Division many hours of information analysis, stabilized financial reporting procedures, and resulted in substantial dollar savings for the Division. Josiah began his career in 1986 as a Senior Auditor at EOHHS where he was instrumental in the development of audits of Day Care Program Providers which resulted in the elimination of payments for day care slots that were being charged to the Commonwealth. In 1990 he became a Budget Analyst and Chief Budget Officer where his initiative resulted in the release of maximum allocation Federal funds to the Commonwealth.

"It is a great pleasure," Josiah tells us, "to be among the hardworking employees receiving the 1996 Commonwealth Citations for Outstanding Performance. I am particularly honored to have been nominated by the Division for the Carballo Award. It is always very satisfying when employees feel that people take cognizance of their hard work. I would like to thank the entire staff of the Accounting Unit for their generous cooperation and hard work setting up the unit. I also would like to extend a special thanks to Dick Turner, the Director of Finance, for being open minded when it comes to new ideas and for his insight, leadership, and wisdom which were instrumental in the overall successful operations of the Accounting Unit. And, as always, I look forward to another year working with the various units which make up the Division of Medical Assistance in meeting the Division's goals for Fiscal Year 1997."

New Component of Member Services is Formed

As you are undoubtedly aware, the Division's recent reorganization split the former Member and Provider Services into two units, Delivery Systems, concentrating on provider issues, and Member Services which focuses on the Division's primary customers, our members.

The new Member Services Unit, headed by Assistant Commissioner *Russ Kulp*, includes familiar components such as Eligibility Operations, the Health Benefits Management Program, (handling managed care enrollment, customer service, and the authorization of transportation services), and Member Program Administration providing AIDS care and transportation policy and administrative support to Member Services' activities. *Joanne McDonald, Dawn Bennett*, and *Tom DeVouton* respectively, lead each of these areas.



There is, however, a newly-formed component of Member Services called Member Communications, which is focused on communicating with our members and better understanding their needs for the services which the agency can provide. Member Communications is waiting for a director to be hired; but, it already has a key staff member, *Dolores Calaf*, DMA's Community Relations Liaison. Dolores explains why Member Services has developed into a separate unit of the Division:

"You probably have heard the terms "customer, recipient, participant, enrollee, consumer or member" used at DMA. Regardless of the term that we give our customers, Medicaid beneficiaries are members whom we are serving at DMA. And serving the membership is our main concern and interest."

She also describes the new component:

"Member Communications includes three main parts. The first one, Research and Communications, provides a structure to maximize customer research and the dissemination of information through a combination of customer surveys, focus groups, and other types of assessment vehicles.

The second part addresses the constant challenge of Cultural Competency in the delivery of member services and communications. With the rapid demographic changes in our society, our membership is reflecting a fast pace of growth in cultural and linguistic diversity. Our services need to respond to the needs for the new marketplace.

The final part focuses on providing a new look at communicating with the membership through a coordinated effort of community relations activities. As the Community Relations Liaison, I am responsible for creating linkages and providing access to resources among DMA, community groups/networks and the media. Through a combination of community site visits, the creation of a databank on community and media resources, and partnering with the other MassHealth Member Education and Communications initiatives, I will help DMA identify community needs and resources throughout the state, particularly for those groups which traditionally have had difficulty accessing quality health care."

Dolores' reference to linking up with other DMA member education and communications efforts include important activities of Eligibility Operations and the Health Benefits Management (HBM) Program.

Eligibility Operations' MassHealth Enrollment Outreach Workers, under the leadership of

(continued on page 7)

Member Services

(continued from page 6)

Mandy Sweeney, Director of Outreach Development, have been providing member communication and education for several months.

MassHealth Enrollment Workers provide outreach at 80 contracted provider sites, which include hospitals and community health centers in both urban and rural settings. The outreach workers deliver a variety of services. They educate providers as well as prospective Medicaid members and help them through the application process; and, they act as a liaison with the Division for providers and other groups.

The providers were surveyed recently, and *Mandy Sweeney* describes the results as gratifying. Most providers are satisfied with outreach - and outreach workers like their jobs. Mandy states: “The outreach workers are pleased that we are able to offer a really good service. It’s nice to have the chance to provide access to members, and to demystify the eligibility process for providers.”

Earlier this year, the Health Benefits Management Program contractor, Foundation Health, did an analysis of the managed care population to better understand how managed care customers receive information. From the analysis, *Dawn Bennett*, Director of Health Benefits Management, and her staff have been able to develop a number of member communications goals. They have just completed a number of presentations to DTA staff and the Division’s new MassHealth Enrollment Centers (MECS) and are formulating a plan to do ongoing communications with them.

In addition, Dawn’s staff and Foundation Health are planning several other member communications projects for our managed care members. They include:

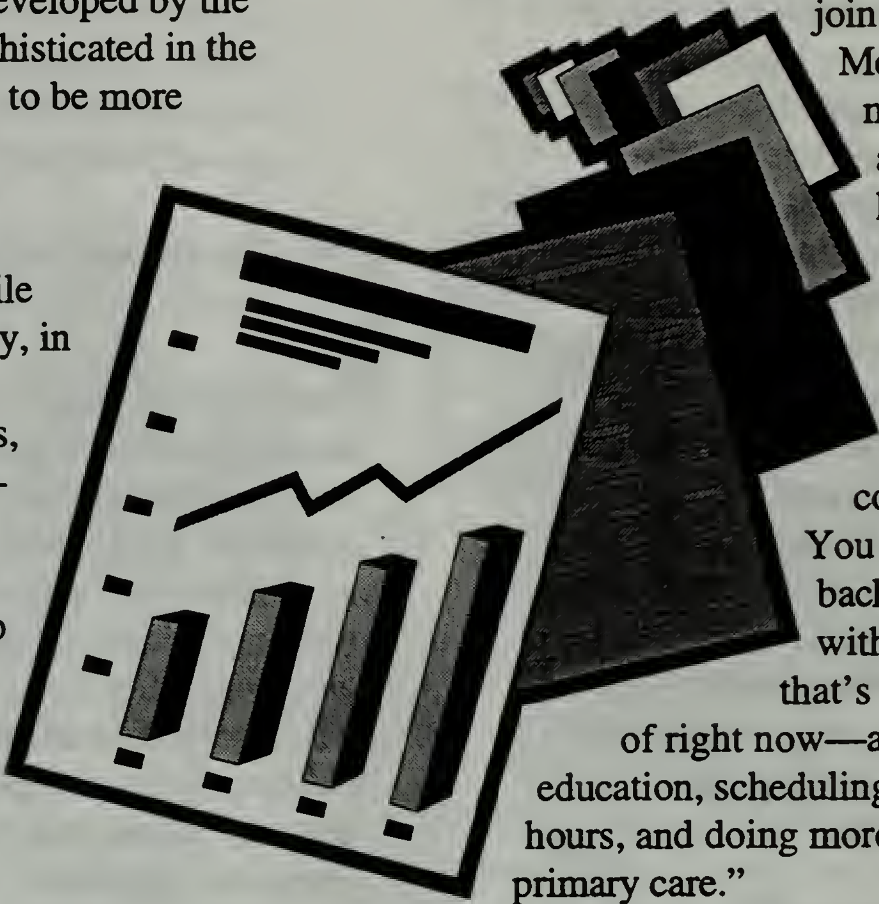
- Printed materials such as educational fact sheets and Health Highlights.
- Face to face conversations.
- Community site visits by Foundation Health’s Regional Benefits Advisor Representatives to make presentations to new or potentially new recipients.
- Educational presentations on cable stations, radio, or other forms of media.

There are also several initiatives planned for non-managed care members. Dawn has begun a new workgroup to create a comprehensive Divisional work plan so that DMA can identify on a prospective annual basis what is going out to our recipients and what the communications are saying. She states: “The new workgroup will involve a lot of people from DMA, with a variety of representatives from just about every unit who has anything to do with mailing to recipients. Ultimately we want to minimize the need for members to call us, and maximize what we’re saying to members in a consistent way.”

DMA Leads State in PCC Plan Profiling

Primary Care Clinicians (PCCs) provide DMA services to approximately 285,000 customers. Since February 1996, DMA has been providing PCCs with a profile report that informs the PCC of their performance to a level of significant detail. The profile report tool developed by the PCC plan is one of the most sophisticated in the state and is considered by PCCs to be more useful than those used by many commercial insurers in the state.

The report, called the PCC Profile Report, is produced semiannually, in February and July. The report provides the PCC with measures, many of which are based on pre-existing quality improvement projects. The measures include emergency room utilization, Pap Smear Screening, Mammography Screening, Preventable Hospital Admissions, and Well Child Care.



According to *Maurice Sahar*, Assistant Director of the PCC Plan, each PCC is given a rate on their performance as well as a benchmark rate which is a rate toward which the PCCs work.

Regional network managers, from Value Health Management, which is the vendor for the PCC Plan's network management services, sit down with each PCC. The regional network managers manage the providers. They review the report with the PCCs, choose at least two areas for improvement, and create actual action plans or improvement goals.

DMA currently has about 1300 PCCs. Of these, 260 service 200 or more Medicaid members, customers, and 130 service 500 or more Medicaid members. Eighty percent of our members are seen by PCCs with 200 or more Medicaid members.

Maurice notices that "some of the common things that we're seeing out there in terms of barriers is really around outreach and education. A lot of PCCs don't have mechanisms to really get the people in when they first join the plan. This is a Medicaid population in a managed care setting, and the efforts you have to use to get them incorporated into that program may be a little different from what you're going to do for your commercial population. You have to take a step back and be innovative with new outreach ideas; that's what we're doing a lot of right now—around outreach, education, scheduling, extending your hours, and doing more urgent care as well as primary care."

Maurice further explains "The profile reports are speeding along the process of integrating the other units with the benefit plans. When the regional managers go out, they are seen as the embodiment of Medicaid, and they bring back a lot of issues. I try to go to the appropriate person and say this is what we're seeing out there and we need to work on this. Before, we never had that kind of communication, so for the first time we have direct communication between the PCCs and the office...When you ask the PCCs 'Do you like having this person?' (the Regional Network Manager), they say, 'Oh, yes, it's been wonderful, it's great, for the first time we have someone we can talk to about our concerns."

New HMO Report Card Will Assist Recipients

Once more, the Massachusetts Division of Medical Assistance has shown itself to be on the cutting edge. How? By producing an HMO "report card" designed to assist recipients in selecting an appropriate health plan. Called "MassHealth's Guide to Health Plan Performance," the report card will be piloted this fall.

According to *Prema Popat*, Assistant Manager for Managed Care Planning, the report card "is a simple, easy to read booklet that provides comparative information on our HMOs. What is special about this is that it was designed specifically for recipients. The report card rates the performance of the HMOs, relative to one another, in the areas of member satisfaction, quality, and quality improvement."

"The report card project has two basic purposes," says Prema. "The first is to give recipients an important tool to help them select the most appropriate health plan for themselves and for their families. A second purpose is to begin to educate recipients about what quality health care means, what kinds of things they should be looking for when they select a plan. This is only a first step, but it is a big one."

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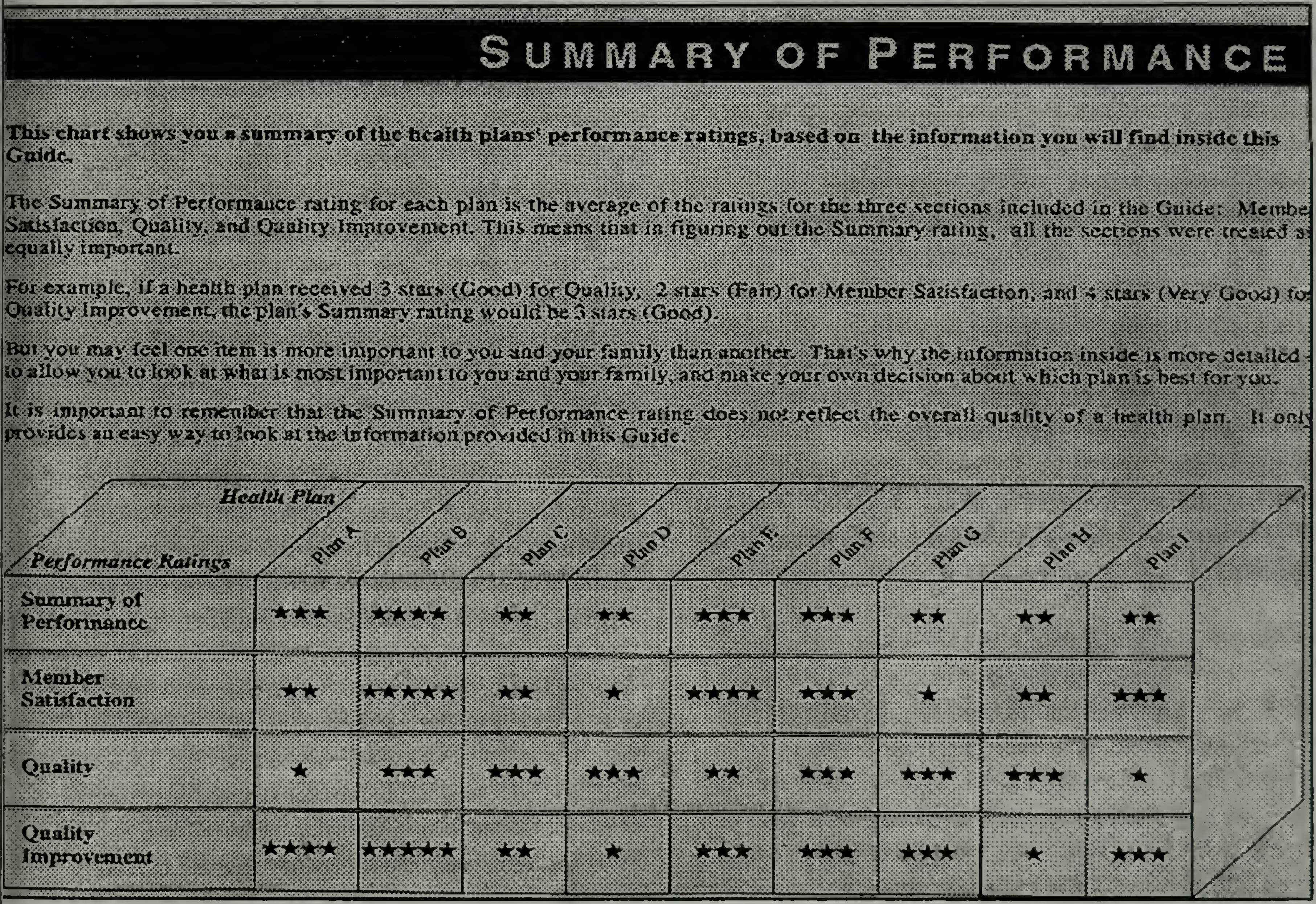

SUMMARY OF PERFORMANCE

This chart shows you a summary of the health plans' performance ratings, based on the information you will find inside this Guide.

The Summary of Performance rating for each plan is the average of the ratings for the three sections included in the Guide: Membe Satisfaction, Quality, and Quality Improvement. This means that in figuring out the Summary rating, all the sections were treated a equally important.

For example, if a health plan received 3 stars (Good) for Quality, 2 stars (Fair) for Member Satisfaction, and 4 stars (Very Good) fo Quality Improvement, the plan's Summary rating would be 3 stars (Good).

But you may feel one item is more important to you and your family than another. That's why the information inside is more detailed - to allow you to look at what is most important to you and your family, and make your own decision about which plan is best for you.

It is important to remember that the Summary of Performance rating does not reflect the overall quality of a health plan. It only provides an easy way to look at the information provided in this Guide.

Health Plan / *Performance Ratings*	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I
Summary of Performance	★★★	★★★★	★★	★★	★★★	★★★	★★	★★	★★
Member Satisfaction	★★	★★★★★	★★	★	★★★★	★★★	★	★★	★★★
Quality	★	★★★	★★★	★★★	★★	★★★	★★★	★★★	★
Quality Improvement	★★★★	★★★★★	★★	★	★★★	★★★	★★★	★	★★★

HMO Report Card

HMO Report Cards

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In developing the report card, DMA conducted three focus groups. The participants consisted of managed care-eligible recipients who had not yet selected a health plan. The purpose of the focus groups was to find out how recipients select a plan - what they look for in a health plan, what they think is important - and to get input on the design of the final document. Participants were asked to evaluate three different mock - ups in terms of content and design. They were also asked to complete questionnaires designed to test their comprehension of the information. The final design of the report card was based in large part on the results of these focus groups.

Prema reports that "participants loved having this information. They had a very good understanding of what we were trying to do, and a good conceptual understanding of how to interpret the information." While every focus group participant said that the information in the report card is valuable, most said that they would use it to choose a plan only if they were dissatisfied with their health plan or were enrolling for the first time. "These comments helped us decide how we should pilot the report card," Prema said. "Instead of sending to recipients already enrolled in a health plan, we decided that we should send it, along with the enrollment kit, to all new enrollees during a one-month period."

Following the mailings, DMA will conduct surveys to determine whether or not the recipients actually used the information in the report card, as well as how well they liked and understood it.

Prema describes this project as "very new and very exciting. We receive inquiries about it from other states on a fairly regular basis. Some states are developing report cards for all the commercial health plans in the state. A few are starting to think about how to do it for their Medicaid plans, but more as a management tool than anything else. As far as I can tell, Massachusetts is the only state that is currently developing a report card specifically for recipients. It's pretty cool."

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New "Partnership" Formed

On July 1, the Division began working with a new managed care organization (MCO) which will administer mental health and substance abuse services for the Mental Health and Substance Abuse Program (MH/SAP). The Massachusetts Behavioral Health Partnership, known as **The Partnership**, replaces MHMA, Inc. The Partnership was created by a joint venture between Value Behavioral Health, Inc. and FHC Options, Inc. - two of the largest managed care behavioral organizations in the country. Both companies have extensive expertise in managed care behavioral health care including Medicaid populations.

The Division's Mental Health and Substance Abuse Program is a benefit plan that provides mental health and substance abuse benefits to DMA recipients who are eligible for managed care and are not enrolled in an HMO.

The MH/SAP provides a continuum of mental health and substance abuse services. Beginning July 1, the MH/SAP has been expanded to include the management of all emergency mental health services, acute inpatient mental health services, and acute diversionary mental health services for the Department of Mental Health's (DMH) acute care customers.

Renovation Plans Continue

by Lynne Benoit, Director, Facilities

After a lengthy negotiation and planning process, we are ready to begin the central office renovations.

The Division's Central Office, including staff currently located at the China Trade Center, will be located at 600 Washington Street.

In addition to the Division of Medical Assistance (DMA), the Department of Transitional Assistance (DTA) and the Division of Industrial Accidents (DIA) will also be tenants of 600 Washington Street.

The Department of Transitional Assistance will occupy space on the first, second, third, and fourth floors. The Division of Industrial Accidents will occupy space on the sixth and seventh floor.

The Division of Medical Assistance will rent storage space in the basement. A Training Center, the Board of Hearings, and the HCFA Unit will be located on the first floor. The fifth floor will house the Commissioner's Office, Administration and Finance, Benefit Plans, Delivery Systems, Legal and Member Services. Benefit Coordination and Recoveries, Finance, Internal Controls, Information Services, Claims Operations, and Policy Support will occupy the sixth floor. Renovations should begin September and will take 12-16 weeks to complete. A construction phasing plan and schedule are being developed by the landlord and the three agencies. We will make every effort to minimize disruptions, including the number of times employees will have to relocate.

A workgroup has been established to ensure clear communications during the project to all staff, productive preparation for the renovations, and a smooth renovation and move process.

What is the Massachusetts Insurance Connection (MIC) Program?

The MIC Program is the Division's insurance continuation program for people who have a diagnosis of AIDS. The MIC has been in existence since the end of 1989. The program is limited to those who carry a diagnosis of AIDS and Medicaid eligibility is not a requirement.

In fact, one of the program goals is to allow customers to continue with their own health insurance whether or not they become Medicaid eligible, and it is important for customers to contact DMA before they lose their health insurance.

Ian Patterson, Coordinator of the MIC Program, together with *David Ellison*, help to provide services to a caseload of approximately 250 customers. Ian and David, assisted by *Ann Gaston*, RN, the clinical consultant, often provide critical linkages for their customers to other community and state resources. In December 1995, HCFA awarded the Administrator's Achievement Award to both Ian and David for their efforts on behalf of their clients.

In addition to his role in the MIC Program, Ian also serves as HIV Liaison for the Division. As one aspect of this position, he led the DMA AIDS Walk Team in raising more than $6000 for the annual pledge walk. This was achieved by organizing bake sales, used book raffles, T-shirt sales, and a theater party, as well as by participating in the actual walk.

If you know anyone with AIDS who might benefit from the MIC Program or if you have any questions regarding the program or AIDS related issues, you may contact Ian at 348-5585.

Information Services

ALPHA-NT Migration Update

As many of you are aware, the "Alpha-NT Migration Project" is the Division's planned roll-out of a new network technology, computer software, and four interconnected LANs in the enrollment centers. Currently, a new server has been installed in central office and is being tested.

All PC users will be given the new Office Suite of software called Microsoft Office.

Microsoft Office offers a word-processing application, called Word, a spreadsheet application called Excel, and a graphics application called PowerPoint.

Each of these applications offers state of the art features. For example, Word comes with a series of templates, or pre-designed forms, such as memos. Excel comes with a charting function that allows you to enhance your spreadsheet with 3-dimensional bar or pie charts. PowerPoint allows you to create slide shows using graphics and even some simple animation. The new Office Suite will also include Microsoft Exchange E-mail which is similar to mail packages on home based PCs.

Once the new equipment and software are rolled out, training will be provided for those who wish to attend.

Courses offered will include: Windows95, Electronic Mail, Word, Excel, Transitioning from WordPerfect to Word, and Transitioning from Lotus 1-2-3 to Excel.

The systems customer support staff will also be available to assist you during the transition, as well as after implementation.

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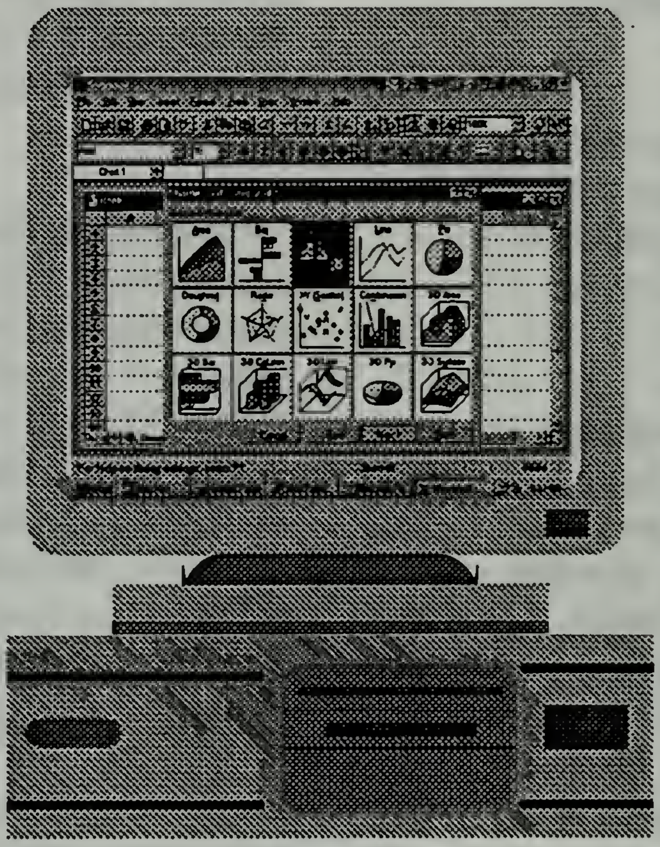
Notes from Systems Support

Most DMA employees are regular computer users, using them to perform their work on a daily basis. DMA has its own computer support area in the form of the "Systems Support line."



Microsoft Excel

When you dial 1- 800-379-9323 to report a computer problem or make a request, a technician listens to your issue and attempts to solve it in the most expedient manner. A "call ticket" is created and entered into our computer database to facilitate the process.

Seven months after going on line, the DMA Systems Support area has logged 5,000 calls into our database tracking system.

When calling the Systems Support line, please provide us with information such as your name, location, and equipment in use. Along with the basics, we may request additional details including screen numbers, error messages and events which led up to the problem.

We appreciate the cooperation we have received the last several months from DMA employees and look forward to working along with you to make our computer system run more efficiently.

Health Watch

Do You Find Yourself Saying "Yes" When You Want to Say "No"?

Joanna Ziegler, EAP Program

The following material was taken from the book, Your Perfect Right, by Alberti and Emmons (Impact, San Luis Obispo, 1970) .

Do you find yourself saying "yes" when you want to say "no"? When you do say "no", does it make you feel guilty? Do you frequently hesitate, or find it difficult to ask for what you want?

If you do, perhaps you should try, "assertive expression."

What is assertive expression? Assertive expression is speaking up for yourself without putting others down or making them feel defensive. It allows you to et others know where you stand, and express your needs and ideas in a way that lets everyone feel good about the exchange.

The following example illustrates three possible responses o a typical workplace situation; the passive, the aggressive, and the assertive response.

Mike and his friend Chris had plans for the evening. Mike was editing a proposal, due the following day. In midday the computer system crashed. His supervisor asks him to stay late to complete the proposal.

The Passive Response: Mike says nothing about his plans, and eyes downcast, he agrees to stay until the work is done. He feels angry toward his boss and guilty about ruining his friend's evening. He comes in late the next day "to get back at his boss" who is unaware of his frustration.

The Aggressive Response: Mike says in a loud and angry tone "No, I can't. If the company had more competent MIS staff, I wouldn't have to waste so much time redoing work." He feels guilty and frustrated, and leaves the office, complaining the entire evening, with Chris.

The Assertive Response: Mike says in a firm but pleasant manner, "I'm sorry, I 've made special plans for this evening. I can get the proposal done if I rearrange my schedule in the morning. Would that be O.K. with you? He enjoys his evening, knowing that he has not neglected his work responsibilities or let his boss down.

The above examples highlight some significant points: the person using the passive response, trying to avoid an unpleasant scene, feels devalued and does not achieve his or her end. The person using the aggressive response feels angry or guilty, and achieves his or her end at someone else's expense. The person using the assertive response finds a solution that is satisfactory to both parties, and can feel good about the exchange.

In their book, Your Perfect Right, authors Alberti and Emmons make the following suggestions for assertive behavior:

✳ **Make eye contact**. A steady, relaxed gaze at the other person helps make a conversation more personal and direct and shows your interest in and respect for the other person.

✳ **Face** the other with an active and erect posture to reinforce the assertiveness of your words.

✳ **Let your face say** the same thing your words are saying.

✳ **Use a level**, well modulated, conversational statement.

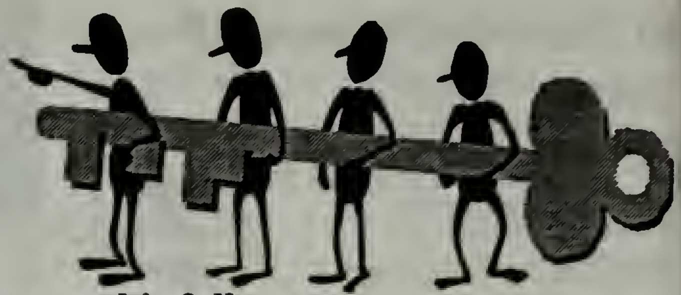
✳ **Wait for the right time**. Although spontaneity is best, it is not a good idea to confront someone in front of a group.

✳ **Be a good listener**. Assertive listening requires your full attention and demonstrates your respect for the other person. Tune in to the other person by stopping other activities, ignoring distractions, and focus your attention and energy in his or her direction. When people feel that they are being listened to and understood, they are more likely to listen to what you have to say.

There are many books available to help you work on your assertiveness. For any assistance you might need, please call your Employee Assistance Program at (617) 573-0810 or (800) 545-9343.

Remember: Any contact you make with EAP is completely confidential. No information - either that you called or why you called - ever goes back to your employer.

Training



Here are some of the training opportunities that will be available to you this fall:

New Certificate Program for DMA Managers

Starting this fall, a series of health care industry and management skills training sessions will be offered to managers. The Training Unit and the UMASS Donahue Institute met with managers during the summer months to establish core competencies and identify appropriate courses. The courses will begin in late fall, and be offered on an ongoing basis.

* * *

Migration to Microsoft Office

Once renovations are completed at Central Office, the Training Unit will offer courses to support DMA's migration to Microsoft Office. Specifically, you will be able to sign up for courses in Microsoft Word, Excel, and the new mail system. The sessions will be held at our new DMA Training Center at 600 Washington Street.

* * *

Fall Staff Development Catalog

This fall, you will receive the new *Fall Staff Development Catalog* which will offer a range of skill development courses for all levels of staff.

EPRS Training

This month, the Training Unit is conducting Employee Performance Review System (EPRS) Training for DMA managers. The training will focus on the three stages of EPRS, developing job duties and performance criteria, monitoring and evaluating performance, and conducting EPRS meetings.

* * *

Sexual Harassment Prevention Training

DMA is currently running an agency wide Sexual Harassment Prevention Training Program, coordinated by George Washington Jr., Director of Affirmative Action.

During the summer months, DMA managers have been attending the training sessions, which will be mandatory for all DMA employees in the fall.

"This training," George explains "is needed so that managers know their responsibilities and employees know what kind of behavior is expected. Although we have not detected any problems, we want to make sure that all DMA employees understand their responsibility for a sexual harassment free workplace."

More DMA News...

DMA Announces Performance Recognition Winners

ach year a maximum of six employees from the ivision of Medicaid are awarded the erformance Recognition Award. The citation is warded to employees or groups of employees ho have demonstrated exemplary work erformance. This year's recipients are:

osiah Emuoyibo
MA Manuel Carballo Nominee
irector of Accounting, Finance Unit

obin Barboza
dministrative Assistant, Benefit Plans

eorge Hollywood
irector
assHeath Enrollment Center, Springfield

achel Richards
irector of Claims Operations, Delivery Systems

endy Carlisle, Susan Maguire, Marjorie Porell,
aurice Sahar, Kimberly Sanborn
CC Plan and Information Services Work Group

ee Fitzgerald, Mark Russell, Jennie Savage
tanley Spack, Yvonne Wade
raining Unit

he Performance Recognition Program was oordinated by Connie Aliberti of Organizational anagement, who commented "The selection ommittee was highly impressed with all the onderful nominations and wished that more han six people could have been awarded. Many hanks to everyone that took the time and effort o submit nominations." The recipients of the ward will be recognized at a statewide awards inner, hosted by the governor, in October.

In Memory Of

Alice Datillo, a supervisor for the Division of Medical Assistance, died on 5/21/96, following a lengthy illness.

Alice had been a DMA supervisor in the Lynn office for several years. Prior to that time, she had worked for the Department of Public Welfare for 36 years, starting at the Lynn City Hall.

Alice was a dedicated employee, known for her compassion, humor and professionalism, and respected by the people who knew and worked with her.

She is sadly missed by her many friends and co-workers both at the Department of Transitional Assistance and the Division of Medical Assistance.

More DMA News...

Making Strides Against Breast Cancer

A team from DMA will join the fight against breast cancer on Sunday, October 6 by walking in Making Strides Against Breast Cancer, a five-mile walk in Boston for the American Cancer Society.

The Making Strides Against Breast Cancer route starts and ends at the Hatch Shell on the Charles River Esplanade. Registration takes place from 8:00 to 10:00 a.m.

Thanks to:

George Beeler, of Benefit Coordination and Recoveries, who coordinated a walk-a-thon to benefit the North Shore Cancer Center.

Gloria Albano, Grace Rugnetta and Brenda Jette, of Organizational Management who coordinated the 1996 Daffodil Day in March.

Jody Jordan, of the Finance Unit, who participated in the Dance for Heart sponsored by the American Heart Association.

Cindy Watson, Springfield MEC, who worked with George Hollywood to give the Springfield MEC a more professional appearance.

All DMA employees who participate in special events, such as the ones above, which make a difference to thousands of patients and families in Massachusetts who benefit from the programs and services.

Congratulations to:

Lynne Benoit, Facilities, and John Robertson, who were married on June 17, 1996

Julie DeAngelico, Claims Operations, who gave birth to Tatiana on August 8, 1996

Julia Feldman, Legal, who gave birth to Alisa on June 17, 1996

Meryl Friedman, Benefit Plans, and Andrew Adelson, who were married on May 12, 1996

Holly Garvey, Contracts, who gave birth to Quinn Murphy Garvey on July 2, 1996

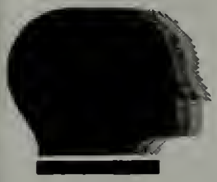
Sharon Gillis, External Affairs, and Peter Torgerson who were married on March 29, 1996

Louise Povall, Administration and Finance, who gave birth to Robert Donald Wakefield III on May 28, 1996

Aida Solis, Springfield Outreach, who received a Master's Degree in Human Services from Springfield College on May 19, 1996

The DMA Golf Team who crushed DTA in the 2nd annual Derider Cup Golf Tournament held on August 8th at the George Wright Golf Course in Hyde Park

The Benefit Plans Softball Team for showing moxie in combatting Rita Lewicki's DTA All-Stab on the ballfield in South Boston



More DMA News...

DMA Welcomes:

Anthony Asciutto (Primary Care Clinician Plan)
Carl Boyd (Contracts)
Paul Cabral (Contracts)
Mary Beth Fiske (HMO Program)
Christopher Goncalo (Contracts)
Lee-Anne Jacobs (Benefit Plans)
Diana Nickell (Taunton MassHealth Enrollment Center)
Christopher Perrone (Dually Eligible Program)
Maria Regan (Delivery Systems)
Mark Reynolds (Deputy Commissioner)
Lisa Rogato (Benefit Coordination and Recoveries)
Patricia Schortmann (Springfield MassHealth Enrollment Center)
Esta-Lee Stone (Clinical Affairs)
Renee Taake (Benefit Coordination and Recoveries)
Patrice Tannas (Charlestown MassHealth Enrollment Center)
Susan Wong (HMO Program)

PLEASE TAKE A MOMENT . . .

If you have ideas on how we could **improve** the newsletter to better meet your needs, or if you have suggestions on features that you would like us to consider adding to the Newsletter, please take a moment to complete the following survey and send it to either Laura Albano or Lee Fitzgerald, DMA, 5th floor, 600 Washington Street, Boston, MA 02111 or fax it to the attention of Laura Albano or Lee Fitzgerald at (617) 348-5460.

How do you think we can improve the newsletter?

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Name: ____

Office/Unit: ____________________ Phone Number ____________

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The DMA Newsletter

Editors:
Laura Albano (617) 348-5643
Lee Fitzgerald (617) 348-5902

The DMA Newsletter is published quarterly by Organizational Management.

Let us know your good news for inclusion in the next issue. Your comments and suggestions are valued. Please send your newsworthy items to the editors at 600 Washington Street, Boston, MA 02111, or fax your news to our attention at: (617) 348-5460.

If you are interested in writing an article for the newsletter, please contact us.